

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538449

FILING DATE

APPLICANT(S), ..

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3	1			1		
4	1			1		
5	1			1		
6	2			1		
7	2			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	2			1		
14	1			1		
15		1		1		
16	1			1		
17	1			1		
18	1			1		
19	1			1		
20	1		0			
21	1		1			
22	1		1			
23	⑧			1		
24	⑧			0		
25			1			
26			0			
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50						
TOTAL IND.	7		0			
TOTAL DEP.	20	←	18	←		←
TOTAL CLAIMS	27		26			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		←		←
TOTAL CLAIMS						